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TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission: 7

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Art Unit 3629

Examiner Name J. P. Ouellette

Attorney Docket Number BS01342

ENCLOSURES

(Check all that apply)

☒ Fee Transmittal Form☒ Fee Attached☐ Amendment/Reply☐ After Final☐ Affidavits/declaration(s)☐ Extension of Time Request☐ Express Abandonment Request☒ Information Disclosure Statement☐ Certified Copy of Priority Document(s)☐ Response to Missing Parts/Incomplete Application☐ Response to Missing Parts under 37 CFR 1.52 or 1.53☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a Provisional Application☐ Power of Attorney, Revocation
Change of correspondence Address☐ Terminal Disclaimer☐ Request for Refund☐ CD, Number of CD(s)☐ After Allowance Communication to Group☐ Appeal Communication to Board of Appeals
and Interferences☐ Appeal Communication to Group
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☐ Other Enclosure(s) (please identify below):

Remarks:

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Name (Print/Type)

Bambi Faivre Walters

Reg. No.:

45,197

Signature

Bambi Faivre Walters

Date

9/16/05

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, PO Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Name (Print/Type)

Maureen M. Pettine

Date

09/20/2005

Signature

Maureen M. Pettine

BEST AVAILABLE COPY**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of: William Matz et al. **Group Art Unit:** 3629
Application No.: 10/017,640 **Examiner:** J. P. Ouellette
Filed: December 14, 2001
Title: "System and Method for Identifying Desirable Subscribers"

VIA FACSIMILE 571-273-8300

Attn: Examiner J. P. Ouellette

37 C.F.R. § 1.8 CERTIFICATE OF TRANSMISSION

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office on: 09/20/2005 (date of transmission).

Maureen M. Pettine
Name of Person Faxing This Paper

Maureen M. Pettine
Signature
September 20, 2005
Date of Transmission

INFORMATION DISCLOSURE STATEMENT

Pursuant to 37 CFR §§1.56, 1.97, and 1.98, the attention of the Patent and Trademark Office is hereby directed to the references listed on the attached Forms PTO 1449 (p. 1).

This Information Disclosure Statement is being submitted after the mailing of a first Office Action in this application and therefore, the certification fee is believed to be required (37 CFR § 1.97b(3)).

09/20/2005 SDENBOB1 00000001 10017640

01 F 1806

160.00 OP

It is respectfully requested that the references listed on the attached form be expressly considered by the Examiner and be made of record in the application and appear among the "References Cited" on any patent to issue therefrom.

Respectfully submitted,

Bambi F. Walters

Bambi F. Walters
Attorney for Applicants
Registration No. 45,197
P. O. Box 5743
Williamsburg, VA 23188
Telephone: 757.253.5729

Date: 9/16/05

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FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number 10/017,640

Filing Date December 14, 2001

First Named Inventor William Matz

Examiner Name J. P. Ouellette

Art Unit 3629

Attorney Docket No. BS01342

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TOTAL AMOUNT OF PAYMENT

\$180.00

METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account

Deposit Account No. 19-2167

Deposit Account Name:

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<u>Total Claims</u>		
- 20 or HP = _____		
Extra Claims _____		
Fee (\$) _____		
Fee Paid (\$) _____		
<u>Multiple Dependent Claims</u>		
Fee (\$) _____		
Fee Paid (\$) _____		

HP=highest number of independent claims paid for, if greater than 3.

<u>Indep. Claims</u>				
- 3 or HP = _____				
Extra Claims _____				
Fee (\$) _____				
Fee Paid (\$) _____				

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3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250.00 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>				
- 100 = _____				
Extra Sheets _____				
Fee (\$) _____				
Fee Paid (\$) _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge):

Supplemental IDS

Fee Paid (\$)

\$180.00

SUBMITTED BY:

Name (Print/Type)	Bambi F. Walters	Registration No.	45,197	Complete (if applicable)	Telephone:	(757) 253-5729
		(Attorney/Agent)				

Signature

Bambi F. Walters

Date

9/16/05

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FEE TRANSMITTAL for FY 2005

☐ Applicant claims small entity status. See 37 CFR 1.27

Application Number	10/017,640
Filing Date	December 14, 2001
First Named Inventor	William Matz
Examiner Name	J. P. Ouellette
Art Unit	3629
Attorney Docket No.	BS01342

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☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other

☐ Deposit Account Deposit Account No. 19-2167

Deposit Account Name:

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☐ Charge fee(s) indicated below, except for the filing fee

☒ Credit any overpayments

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	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

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- 20 or HP = _____	_____	_____
Extra Claims	_____	_____
Fee (\$)	_____	_____
Fee Paid (\$)	_____	_____
Multiple Dependent Claims	_____	_____
Fee (\$)	_____	_____
Fee Paid (\$)	_____	_____

HP=highest number of independent claims paid for, if greater than 3.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP = _____	_____	_____	_____

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Total Sheets	Extra Sheets	Fee (\$)	Fee Paid (\$)
- 100 = _____	_____ / 50	_____ (round up) x _____	_____

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): Supplemental IDS

Fee Paid (\$)

\$180.00

SUBMITTED BY:

Name (Print/Type)		Registration No.		Complete (if applicable)	
Bambi F. Walters		43,197		Telephone: (757) 253-5729	
Signature		Date		9/16/05	

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